



**AMENDMENT AFTER FINAL REJECTION
EXPECITED HANDLING REQUESTED - GAU 1652**

01241.000016

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
KOICHIRO MIYAKE, ET AL.) : Examiner: Tekchand Saidha
Application No.: 09/673,198) : Group Art Unit: 1652
Filed: October 12, 2000) :
For: A PROCESS FOR PRODUCING)
ISOPRENOID COMPOUNDS BY :
MICROORGANISMS AND A)
METHOD FOR SCREENING :
COMPOUNDS WITH)
ANTIBIOTIC OR WEEDING :
ACTIVITY) May 20, 2004

PETITION FOR EXTENSION OF TIME AND AMENDMENT

Sir:

Applicants petition to extend the time for response to the Office Action dated January 21, 2004 to May 21, 2004. A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension in connection with this paper, and credit any overpayment, to Deposit Account No. 06-1205.

In response to the Office Action dated January 21, 2004, please amend the application as follows:

05/24/2004 JADDO1 00000029 09673198

01 FC:1251
02 FC:1201

110.00 OP
96.00 OP



IFW
AF-11652
\$

In re Application of:

KOICHIRO MIYAKE, ET AL.

Application No.: 09/673,198

Filed: October 12, 2000

For: A PROCESS FOR PRODUCING
ISOPRENOID COMPOUNDS BY
MICROORGANISMS AND A
METHOD FOR SCREENING
COMPOUNDS WITH
ANTIBIOTIC OR WEEDING
ACTIVITY

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 27	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 6	MINUS	*** 5	= 1	x \$43 \$86	\$86.00
Fee for Multiple Dependent claims \$145°/\$290						Previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$86.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 86.00 is enclosed.

Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Lawrence S. Perry
Registration No. 31,865

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
Facsimile: (212) 218-2200

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